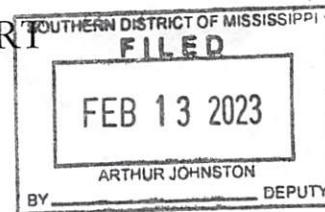


UNITED STATES DISTRICT COURT

for the
Southern District of MS
Northern Division



Case No.

3:23cv117-DPJ-FKB

(to be filled in by the Clerk's Office)

Dandy Carl Marshall

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MTC; MOC; John Does;

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

All other names by which
you have been known:

ID Number

Current Institution

Address

Randy Carl Marshall

N/A

DOC # 134595
East Mississippi Department of Corrections
P.O. Box 10641 Hwy 80 West
Meridian *MS.* *39307*
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

Job or Title (*if known*)

Shield Number

Employer

Address

MTDC Employee Mr. Donald Jackson

Warden

N/A
MTDC Employee At End East Mississippi Correction Facility
P.O. Box 10641 Hwy 80 West
Meridian *MS.* *39307*
City State Zip Code
 Individual capacity Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

Sergeant Smith, Female

Sergeant Smith

N/A
MTDC Management Training Corporation
East Correction Facility East Mississippi Correction Facility
P.O. Box 10641 Hwy 80 Meridian MS 39307
City State Zip Code
 Individual capacity Official capacity

Defendant No. 3

Name

Job or Title (if known)

Shield Number

Employer

Address

Leviathan Grady
 Leviathan Gray
 N/A
 MTC - Management Training Corporation
 EMC, P.O. Box 10641 Hwy 80 West
 Meridian MS 39307
 City State Zip Code
 Individual capacity Official capacity

Defendant No. 4

Name

Job or Title (if known)

Shield Number

Employer

Address

Mr. McClendon
 Mayor
 N/A
 MTC - Management Training Corporation
 EMC, P.O. Box 10641 Hwy 80 West
 Meridian MS 39307
 City State Zip Code
 Individual capacity Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

Federal officials (a *Bivens* claim)
 State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

U.S. Const. Amendment I. / U.S. Const. Amendment IV. / U.S. Const. Amendment V.
 U.S. Const. Amendment VIII. ; U.S. Const. Amendment XIII. / U.S. Const. Amendment
 Amendment XIV (1)

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

(A)

Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

*These Public/Private Correctional officials
As an Contractor to MDOC and State of Mississippi, when Inform that
the Complainant was assaulted; I Attempt to Place the Complainant back upon
the Housing Unit 6 to Unit 4, and I Penalized him By 24H "Failing
To Protect from harm"; - State Law, Abuse and maltreatment Prohibited*

(III.)

Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- Pretrial detainee
- Civilly committed detainee
- Immigration detainee
- Convicted and sentenced state prisoner
- Convicted and sentenced federal prisoner
- Other (explain) _____

(IV.)

Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

(A)

If the events giving rise to your claim arose outside an institution, describe where and when they arose.

*At Enf. West Lauderdale County MS November 24th 2022 Unit 4
the Complainant was Dump By 4- Officers; and suffer Left hand Shakes & Left
Index finger; once occurrence these Accused Attempted to Place the Complainant in harm
Way indifference to Policy of MTC that body right to have Injury;*

(B)

If the events giving rise to your claim arose in an institution, describe where and when they arose.

*Unit 4 A-10; Enf. 11-24-2022; come back from "Rush Hospital", those three
Correction officials without Investigation; Arrest; non Remedies upon the accused offenders
Then they Write him a RVR for Failing for his Safety, well-being; and fail
to Sovie fully the Disclosing Investigation or Herring Exhibit Adverse cancer
for the Duty; and "Personally" Denying these three "in office"
Exhibiting the Unsustainable of the Standard of Care; and Produce a "breach of contract"*

(C)

What date and approximate time did the events giving rise to your claim(s) occur?

The Event of "Harm" cause was November 24th 2022 - November 25th 2023
 Time of Assult ~~10:00 AM~~ and locking of Investigation Preference & 9:45 AM - 12:15 PM
 11-24-2022; The 2:08 PM 11-25-2022;

(D)

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what?

Was anyone else involved? Who else saw what happened?)

Once Place Those Accused are Notice Corrections Officer Sergeant Smith; Lieutenant Gray,
 E Major McLean; without the necessity of Investigating the Accused Offenders
 At Enrich UNIT B-8-10; Cell 208 IX; 204 2X; 209 IX; 2010 IX;
 whom Injured the offender Complainant Carl Marshall; INjuries Sustain Epileptic's
 Left temporal Cut require 5 Stitches; E Left Index Finger; However these Accused
 Attempted without obtaining the Source of the Offense Recklessly try to Place
 Injuries The Complainant, if harm may and not Violating the Safety & Welfare of the
 Complainant

(V)

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The INjuries Sustain; Left temporal cut to hand at Left Index Finger
 from a Lock by the offenders; However the Standard Corrections Officer
 cause injuries; By failing to obtain his Property Outfit; \$25-30 Dollars;
 Religion Property Bible; Home Numbers; Legal Worker Cops; Books; & Personal Property Values;
 Also; INduce Fear Unnecessary when Supervise Action by had the Authority
 To brand Different housing or separation of Aggressive offender To stricter
 Relief location; this cause distress and mental Anguish None side the INjury;

(VI)

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

VII Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

(A) Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). *ENOT P.O. Box 10641 Hwy 80 W. Mound MS. 39302*

(B) Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

(C) Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

(D)

Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

(E)

If you did file a grievance:

1. Where did you file the grievance?

The Grievance was filed During 2022, However After being House in medical December 9th 2022 - January 13th 2023 then January 16th 2023 After obtaining legal Assistance File my Grievance and got rejected by INADEQUATE care;

2. What did you claim in your grievance?

The Above Alleged claims : of Deliberate Indifference To Policy Which cause Deprivation of Life, Liberty; and Property 5th Amendment and 14th Amendment Violation which, rest, there within the other Amendment namely cruel and UNUSUAL PUNISHMENT;

(3)

What was the result, if any?

The repeatedly UNADEQUATE To Concess of Standard of Care By the Correctional official made illegitimate Excesses of money than one Compiling and more, than one filed was rejected but only one Criterion to the episodes of the conditions fails of either of Unofficial Practice the Bill Dept. Even fail to provide the 5 Day Periods

(4)

What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

The sole basis is evident the Complainant was deprived of the required Privilege Process no 2nd Step Fails to provide for the Five Day Time Period to refile Exhibiting VII Amendment Violation

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

⑥

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*Although I subject to abrogation of the Procedural Process
to obtain an remedy; The Complainant file for Second APP
Appeal Process to notify the Administrative of the Disciplinary Act*

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

*Dismissed 2015; USDC South District; The Hand Document was lost, and not
obtainable presently;*

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the county and State)

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition. _____

D. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

Yes it was Dismissed not in my favor I lack Least Civil Rights
knowledge and suffer from the continuous presence of the Custo

E. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

No; only one

Yes NoD

If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1 Parties to the previous lawsuit

Plaintiff(s)

Randy Carl Marshall

Defendant(s)

Governor Bryan; Parole Board; and Non-Habitat Organization2 Court (if federal court, name the district; if state court, name the county and State)USDC Southern District; Southern Division Prior to 2017 -3 Docket or index numberN/A4 Name of Judge assigned to your caseN/A5 Approximate date of filing lawsuitN/A6 Is the case still pending? Yes No

If no, give the approximate date of disposition

N/A7 What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)N/A

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 2-1-2023

Signature of Plaintiff

Randy Carmichael

Printed Name of Plaintiff

13 45 95

Prison Identification #

Encl P.O. Box 10641 Hwy 80 West

Prison Address

Meridian

City

MS

39307

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address
